

Implementation of limited interim arrangements for supply of extended half-life clotting factor products

March 2018

Introduction

Following recent industry and clinical/patient stakeholder consultations, Australian Governments have asked the National Blood Authority (NBA) to progress work in two key areas in relation to supply of extended half-life (EHL) clotting factor products under the national arrangements for supply and funding of blood products in Australia:

- Health Technology Assessment** - The NBA has initiated a coordinated assessment of EHL products incorporating a national health technology assessment process through the Medical Services Advisory Committee. While the assessment will require the cooperation of potential suppliers, it will be facilitated by the NBA and enable the NBA to engage directly with potential suppliers to accelerate the formal assessment of EHL products. This process has commenced and information can be obtained at <http://www.msac.gov.au/internet/msac/publishing.nsf/Content/1511-public>.
- Limited interim supply arrangements** - Pending the outcomes of the coordinated assessment, the NBA will work with Shire and Bioverativ to implement limited interim arrangements for supply of EHL products, based on proposals received from these two suppliers. These programs will provide some immediate benefit to some (but not all) haemophilia patients while the detailed evidence-based assessment of EHLs is undertaken. The programs will also enable the collection of real world supply management information in the Australian context to assist with the design and planning of future procurement and evaluation processes and generally support sound and well informed policy and administrative decision making. The arrangements established with each supplier will ensure that these programs can be progressed with no additional cost to the NBA budget.

Limited interim supply arrangements for EHL products

Based on the proposals from the two suppliers, the limited interim supply arrangements will enable approximately 200 patients to access EHL products under nationally funded arrangements. Of this number:

- around 60 haemophilia B patients will be able to have access to the Bioverativ product Alprolix
- around 140 haemophilia A patients will be able to have access to the Shire product Adynovate (around 100 patients) or the Bioverativ product Eloctate (around 40 patients), and
- in each case the numbers of patients will include patients currently participating in supplier extension programs following clinical trials.

The NBA has established a Reference Group to provide advice on the implementation of the limited interim supply arrangements.

Patient suitability and prioritisation

As the opportunity for access to EHL products under these arrangements is limited, the Reference Group has provided advice to the NBA on prioritisation criteria and other considerations to ensure that EHL products are directed to those patients where the greatest benefit will be obtained, as follows (in descending priority):

Priority	Criteria
1	Patients currently on extension programs for Adynovate, Eloctate or Alprolix in Australia. <i>(These patients have been covered under the initial limited arrangements since December 2017).</i>
2	Patients for whom infusion is currently accomplished using an infusion port or central line, which could be avoided by using an EHL product.
3	Severe or moderate haemophilia A or B patients who are currently adherent to recommended prophylactic therapy who nonetheless experience frequent bleeds, where this could be reduced or avoided by using an EHL product.
4	Severe or moderate haemophilia A or B patients where current patient care is likely to be substantially improved by using an EHL, because of (in descending priority): a. improved adherence to recommended therapeutic regime b. the opportunity to move from on-demand to prophylactic therapy c. the opportunity to reduce current excessive use of clotting factor products d. the opportunity for reduced dosing, or e. the opportunity to support therapy with improved data recording in ABDR.
Other considerations 1. Patients will not be considered suitable for participation where: a. the patient has less than 50 exposure days to clotting factor therapy b. the patient has a history of inhibitors to clotting factor therapy, or c. data recording for the patient within ABDR/MyABDR is not possible, or is not satisfactorily maintained while the patient has access to EHL products under the limited interim arrangements. 2. In addition, a patient may not be considered suitable for participation, or may have their participation reconsidered, where: a. the patient's clinician does not consider that clinical benefit will be obtained, or considers that clinical benefit is not being demonstrated, by the patient having access to EHL products under the limited interim arrangements, or b. the patient is not able to or chooses not to attend ongoing monitoring and review appointments as determined by the treating HTC clinician.	

Based on preliminary information on potentially suitable patients gathered by the Australian Haemophilia Centre Directors' Organisation (AHCDO) from Haemophilia Treatment Centres (HTCs), it appears that:

- for haemophilia A, the limited interim arrangements will potentially cover patients in priority categories 1, 2 and 3 above (so it is unlikely that patients in priority category 4 above will be able to be included), and

- for haemophilia B, the limited interim arrangements will potentially cover patients in priority categories 1, 2, 3 and 4 above.

However, this is a working assessment only and the nomination and coordination of patient participation in the limited interim arrangements will be managed in the manner described below.

Haemophilia Treatment Centre requirements

Patient access to EHL products under the limited interim arrangements will be coordinated and managed through HTC.

HTC Directors will nominate patients for participation in the limited interim arrangements through a process coordinated by the AHCD. The Clinical Advisory Group (CAG), a sub-committee of AHCD, will review the nominations and will coordinate patient access to ensure that patient access is prioritised according to the prioritisation criteria above. The process for nomination of patients will require HTC Directors to provide certain information to AHCD for review by the CAG, including:

- the patient's ABDR number or other identifier
- information to confirm the relevant priority category for the patient within the prioritisation criteria above, and
- information to enable an assessment of the patient's baseline clotting factor use, or in some cases expected use of EHL products under the limited interim arrangements. For patients currently being treated with clotting factor prophylaxis the baseline will be determined from ABDR or other records of the patient's use of clotting factor products during the most recent 12 months for adult patients and 3 months for paediatrics, adjusted to exclude use for surgical prophylaxis. For patients previously participating in a suppliers' extension program for EHL products the baseline use will be determined from records of the patient's use of products within that program. For patients not previously on prophylaxis an expected level of EHL product use may be determined based on the patient's circumstances.

HTCs will be required to ensure that potential patients are aware of the key details and requirements of the limited interim arrangements, including by obtaining written acknowledgement of these from or in respect of each patient. A Fact Sheet and Patient Acknowledgement Form have been developed for this purpose (as attached). In particular, patients should be made aware that:

- the limited interim arrangements for supply EHL products will be of limited duration only, and that access to EHL products in general, or to any particular EHL products, cannot be guaranteed after the cessation of the arrangements – this will be a matter for further decision making by funding governments and, potentially, to the outcomes of tender processes conducted by the NBA, and
- patients' access to EHL products under the limited interim arrangements will be determined and may be ceased by the relevant HTC Director, in accordance with the prioritisation criteria and other considerations above and subject to the confirmation process coordinated by AHCD.

HTCs will also be responsible for undertaking the following:

- ensuring appropriate clinical management of patients participating in the arrangements, including management of patient transition and ongoing monitoring and reviews
- ensuring that appropriate training, and medical education and product support materials available from suppliers, are provided to HTC staff, patients and carers
- having the capability to support the clinical management of the use of the EHL products by appropriate assay techniques
- undertaking relevant pharmacokinetic testing as appropriate, taking into account recommendations from AHCD on the number and timing of test points

- undertaking and ensuring full and prompt data recording in ABDR (including through patients' use of MyABDR) covering at least the recommended PK results, therapeutic regime, infusions, bleeds, surgery, and incidence of inhibitors or adverse events, and
- ensuring adverse events are appropriately reported through normal company and Therapeutic Goods Administration reporting channels.

Home delivery will be available for appropriate patients in accordance with established protocols. For the limited interim arrangements for EHL products, the supervising HTC will be required to confirm all home delivery orders prior to delivery.

Responsibilities of the AHCDO Clinical Advisory Group

As indicated above, the CAG sub-committee of AHCDO will receive the nominations from HTC Directors for patients to participate in the limited interim arrangements, and will undertake a coordination process to ensure that patient access is prioritised according to the prioritisation criteria above. This will include the initial process of nomination and prioritisation, and also the coordination of patient prioritisation if places subsequently become available (for example, the reallocation of patient participation if a patient discontinues in the limited interim arrangements) consistent with the prioritisation criteria above.

The CAG will be available to provide peer advice to HTC clinicians considering the nomination of patients to the limited interim arrangements, and in managing participating patients. Bioverativ and Shire will also have relevant product support materials and personnel available to support HTC clinicians in the management of patients.

The CAG will also be responsible for providing certain anonymised reports to the NBA to support the contract administration of the limited interim arrangements with Bioverativ and Shire, including:

- confirming a baseline or expected level of use of EHL products for all participating patients, based on information provided by the nominating HTC and data recorded in ABDR, and
- regular reporting on aggregate utilisation of EHL products under the limited interim arrangements.